## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

**Application or Docket Number** 

09496769

CLAIMS AS FILED - PART I						SMALL	ENTITY		OTHER								
<u> </u>	.D	<del></del>	(Column 1) (Colum BER FILED NUMBER E			TYPE		OR	SMALL								
FOR		NOMBE	RFILED	NUMBER	ATRA	RATE	FEE		RATE	FEE							
ВА	SIC FEE						345.00	OR		690.00 ·							
TOTAL CLAIMS		40	minus 20	)= · U		X\$ 9=		OR	X\$18=	300							
INDEPENDENT CLAIMS 4			minus 3	= .		X39=		OR	X78=	19							
MULTIPLE DEPENDENT CLAIM PRESENT						+130=		OR	+260=								
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL		OR	TOTAL	1108							
CLAIMS AS AMENDED - PART II									OTHER	THAN							
(Column 1) (Column 2) (Column 3)							ENTITY	OR	SMALL								
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE							
	Total	· 40	Minus	4D	프 1880년:	X\$ 9=		OR	∴X\$18=	1 -							
	Independent	. 4	Minus	··· V		X39=		OR	X78=								
	FIRST PRESE	NTATION OF MI	JLTIPLE DEPE	NDENICLAIM		+130=		OR	+260=	12.00							
			-			TOTAL		OR	TOTAL ADDIT. FEE								
		(Column 1)		(Column 2)	(Column 3)	ADDIT. FEE		•	ADDII. FEE								
		(Column 1) CLAIMS	7. 12. 4X. 1	(Column 2) HIGHEST	(Column 3)		ADDI-	1	. 1	ADDI-							
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	TIONAL FEE		RATE	TIONAL							
	Total	.32	Minus	40,	=	X\$ 9=		OR	X\$18=	1							
AME	Independent	• 4	Minus	··· 4	=	X39=		OR	<b>X</b> 2								
•	FIRST PRESE	NTATION OF MI	JLTIPLE DEPE	NDENT CLAIM		+130=		OR	290								
						TOTAL			TOTAL	B							
,		(0-1 4)		(Oalumn 0)	(Column 0)	ADDIT. FEE		١٠٠١	ADDIT. FEE								
		(Column 1) CLAIMS	0.00 A 3.0	(Column 2) HIGHEST	(Column 3)			1 1									
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE							
	Total	•	Minus	**	= .	X\$ 9=		OR	X\$18=	,							
	Independent	•	Minus	***	=	X39=		OR	X78=								
Ľ	FIRST PRESE	NTATION OF M	JLTIPLE DEPE	NDENT CLAIM				Un									
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							OR	+260=								
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEEOR ADDIT. FEE																	
i .	The "Highest Num	nber Previously Pa	id For" (Total or I	ndependent) is the	highest number	found in the app	propriate box	The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.									